Episode 396 – Bioethics and the New Eugenics

TRANSCRIPT

Bioethics is the study of the moral issues arising from medicine, biology and the life sciences.

At first glance, bioethics might seem like just another branch of ethical philosophy where academics endlessly debate other academics about how many angels dance on the head of a pin in far-out, science fiction like scenarios.

> **PAUL ROOT WOLPE**: Imagine what's going to happen when we have a memory pill. First of all, you don't have to raise your hand but let's be honest: who here's going to take it?
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> ***SOURCE:*** ***Memory Enhancing Drugs: Subject of "Arms" Race?***
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> **MICHAEL SANDEL**: I've read of a sport—it's a variant of polo that is I think played in Afghanistan if I'm not mistaken—where the people ride on horses. Is it horses or camels? I don't know which. And they use a—it's a dead goat or something—to, I don't know, whack the polo ball or whatever it is. Now it's a dead—I think it's a goat. Maybe someone knows who studies sociology about this. So it's not that the goat is experiencing pain. It's dead already. And yet there is something grim about that practice, wouldn't you agree? And yet it's not that the interests of that goat are somehow not being considered. Let's assume it was killed painlessly before the match began.
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> ***SOURCE:*** ***The Ethical Use of Biotechnology: Debating the Science of Perfecting Humans***
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> **MOLLY CROCKETT**: What if I told you that a pill could change your judgement of what is right and what is wrong. Or what if I told you that your sense of justice could depend on what you had for breakfast this morning. You're probably thinking by now this sounds like science fiction, right?
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> ***SOURCE:*** ***TEDxZurich – Molly Crockett – Drugs and morals***

But the bioethicists cannot be dismissed so lightly. Their ideas are being used by governments to assert control over people's bodies and to enforce that control in increasingly nightmarish ways.

> **ARCHELLE GEORGIOU**: Lithium is a medication that in prescription doses treats mood disorders in people with bipolar disorder or manic-depressive illness. And what these researchers found in Japan is that lithium is present in trace amounts in the normal water supply in some communities and in those communities they have a lower suicide rate. And so they're really investigating whether trace amounts of lithium can just change the mood in a community enough to really in a positive way without having the bad effects of lithium to really affect the mood and decrease the suicide rate very interesting concept.

SOURCE:* *Lithium May Be Added To Our Water Supply

GATES: You're raising tuitions at the University of California as rapidly as they [sic] can and so the access that used to be available to the middle class or whatever is just rapidly going away. That's a trade-off society's making because of very, very high medical costs and a lack of willingness to say, you know, "Is spending a million dollars on that last three months of life for that patient—would it be better not to lay off those 10 teachers and to make that trade off in medical cost?" But that's called the "death panel" and you're not supposed to have that discussion.

SOURCE:* *Bill Gates: End-of-Life Care vs. Saving Teachers' Jobs

Even a short time ago, talk about medicating the public through the water supply or enacting death panels for the elderly still seemed outlandish. But now that the world is being plunged into hysteria over the threat of pandemics and overburdened health care systems, these previously unspeakable topics are increasingly becoming part of the public debate.

What many do not know, however, is that the seemingly benign academic study of bioethics has its roots in the dark history of eugenics. With that knowledge, the dangers inherent in entrusting some of the most important discussions about the life, death and health of humanity in the hands of a select few become even more apparent.

This is a study of **Bioethics and the New Eugenics**.

You are tuned in to The Corbett Report.

On November 10, 2020, Joe Biden announced the members of a coronavirus task force that would advise his transition team on setting COVID-19-related policies for the Biden administration. That task force included Dr. Ezekiel Emanuel, a bioethicist and senior fellow at the Center for American Progress.

JOE BIDEN: So that's why today I've named the COVID-19 Transition Advisory Board comprised of distinguished public health experts to help our transition team translate the Biden-Harris COVID-19 plan into action. A blueprint that we can put in place as soon as Kamala and I are sworn into office on January 20th, 2021.

SOURCE: President-elect Biden Delivers Remarks on Coronavirus Pandemic

ANCHOR: We've learned that a doctor from our area is on the president-elect's task force. Eyewitness News reporter Howard Monroe picks up the story.

THOMAS FARLEY: I know he's a very bright, capable guy and i think that's a great choice to represent doctors in general in addressing this epidemic.

HOWARD MONROE: Philadelphia health commissioner Dr. Thomas Farley this morning on Eyewitness News. He praised president-elect Joe Biden's transition team for picking Dr. Ezekiel Emanuel to join his coronavirus task force. He is the chair of the Department of Medical Ethics and Health Policy at the University of Pennsylvania.

SOURCE:* *UPenn Dr. Ezekiel Emanuel To Serve On President-Elect Biden's Coronavirus Task Force

That announcement meant very little to the general public, who likely only know Emanuel as a talking head on tv panel discussions or as the brother of former Obama chief of staff and ex-mayor of Chicago, Rahm Emanuel. But for those who have followed Ezekiel Emanuel's career as a bioethicist and his history of advocating controversial reforms of the American health care system, his appointment was an ominous sign of things to come.

He has argued that the Hippocratic Oath is obsolete and that it leads to doctors believing that they should do everything they can for their patients rather than letting them die to focus on higher priorities. He has argued that people should choose to die at age 75 to spare society the burden of looking after them in old age. As a health policy advisor to the Obama administration he helped craft the Affordable Care Act, which fellow Obamacare architect Jonathan Gruber admitted was only passed thanks to the stupidity of the American public.

> **JONATHAN GRUBER**: OK? Just like the people—transparency—*lack* of transparency is a huge political advantage. And basically, you know, call it the stupidity of the American voter or whatever, but basically that was really critical to getting the thing to pass.
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> **SOURCE: 3 Jonathan Gruber Videos: Americans "Too Stupid to Understand" Obamacare**

During the course of the deliberations over Obamacare, the issue of "death panels" arose. Although the term "death panel" was immediately lampooned by government apologists in the media, the essence of the argument was one that Emanuel has long advocated: appointing a body or council to ration health care, effectively condemning those deemed unworthy of medical attention to death.

> **ROB MASS**: When I first heard about you it was in the context of an article you wrote right around the time that the Affordable Care Act was under consideration. And the article was entitled "Principles for the Allocation of Scarce Medical Interventions." I don't know how many of you remember there was a lot of talk at the time about [how] this new Obamacare was going to create death panels. And he wrote an article which I thought should have been required reading for the entire country about how rationing medical care—you think that that's going to start with with the Affordable Care Act? Medical care is rationed all the time and it must be rationed. Explain that.
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> **EZEKIEL EMANUEL**: So there are two kinds of "rationing," you might say. One is absolute scarcity leading to rationing and that's when we don't simply don't have enough of something and you have to choose between people. We do that with organs for transplantation. We don't have enough. Some people will get it, other people won't and, tragically, people will die. Similarly if we ever have a flu pandemic—not if but when we have a flu pandemic—we're not going to have enough vaccine, we're not going to have enough respirators, we're not going to have enough hospital beds. We're just going to have to choose between people.
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> ***SOURCE: Dr. Zeke Emanuel: Oncologist and Bioethicist***

When the debate is framed as an impersonal imposition of economic restraint over the deployment of scarce resources, it is easy to forget the real nature of the idea that Emanuel is advocating. Excluded from these softball interviews is the implicit question of who gets to decide who is worthy of medical attention. Emanuel's various proposals over the years, and those of his fellow bioethicists, have usually supposed that some government-appointed but somehow "independent"

board of bioethicists, economists and other technocrats, should be entrusted with these life-and-death decisions.

If this idea seems familiar, it's because it has a long and dark history that harkens back to the eugenicists who argued that only the "fittest" should be allowed to breed, and anyone deemed "unfit" by the government-appointed boards—presided over by the eugenicists—should be sterilized, or, in extreme cases, put to death.

> **GEORGE BERNARD SHAW**: [. . .] But there are an extraordinary number of people whom I want to kill. Not in any unkind or personal spirit, but it must be evident to all of you — you must all know half a dozen people, at least—who are no use in this world. Who are more trouble than they are worth. And I think it would be a good thing to make everybody come before a properly appointed board, just as he might come before the income tax commissioner, and, say, every five years, or every seven years, just put him there, and say: "Sir, or madam, now will you be kind enough to justify your existence?"
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> ***SOURCE:*** ***George Bernard Shaw talking about capital punishment***

This is the exact same talk of "Life Unworthy of Life" that was employed in Nazi Germany as justification for their Aktion T4 program, which resulted in over 70,000 children, senior citizens and psychiatric patients being murdered by the Nazi regime.

In 2009, author and researcher Anton Chaitkin confronted Ezekiel Emanuel about this genocidal idea.

> **MODERATOR**: So we'll do the same format. It'll be three minutes and then time for questions. We'll start with Mr. Chaitkin.
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> **ANTON CHAITKIN**: [My name is] Anton Chaitkin. I'm a historian and the history editor for Executive Intelligence Review.
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> President Obama has put in place a reform apparatus reviving the euthanasia of Hitler Germany in 1939 that began the genocide there. The apparatus here is to deny medical care to elderly, chronically ill and poor people and thus save, as the president says, two to three trillion dollars by taking lives considered "not worthy to be lived" as the Nazi doctors said.
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> Dr. Ezekiel Emanuel and other avowed cost-cutters on this panel also lead a propaganda movement for euthanasia headquartered at the Hastings Center, of which Dr. Emanuel is a fellow. They shape public opinion and the medical profession to accept a death culture, such as the Washington state law passed in November to let physicians help kill patients whose medical care is now rapidly being withdrawn in the universal health disaster. Dr. Emmanuel's movement for bioethics and euthanasia and this council's purpose directly continue the eugenics movement that organized Hitler's killing of patients and then other costly and supposedly "unworthy" people.
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> Dr. Emanuel wrote last October 12 that a crisis, war and financial collapse would get the frightened public to accept the program. Hitler told Dr. Brandt in 1935 that the euthanasia program would have to wait until the war began to get the public to go along. Dr. Emanuel wrote last year that the hippocratic oath should be junked; doctors should no longer just serve the needs of the patient. Hoche and Binding, the German eugenicists, exactly said the same thing to start the killing.

> You on the council are drawing up the procedures to be used to deny care which will kill millions if it goes ahead in the present world crash. You think perhaps the backing of powerful men, financiers, will shield you from accountability, but you are now in the spotlight.
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> Disband this council and reverse the whole course of this nazi revival now.
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> ***SOURCE: Obama's Genocidal Death Panel Warned by Tony Chaitkin***

It should come as no surprise, then, that Emanuel emerged last year as the lead author of a *New England Journal of Medicine* article advocating for rationing COVID-19 care that was later adopted by the Canadian Medical Association. The paper, "Fair Allocation of Scarce Medical Resources in the Time of Covid-19," was written by Emanuel and a team of prominent bioethicists and discusses "the need to ration medical equipment and interventions" during a pandemic emergency.

Their recommendations include removing treatment from patients who are elderly and/or less likely to survive, as these people divert scarce medical resources from younger patients or from those with more promising prognoses. Although the authors refrain from using the term, the necessity of setting up a "death panel" to determine who should or should not receive treatment is implicit in the proposal itself.

In normal times, this would have been just another scholarly discussion of a theoretical situation. But these are not normal times. As Canadian researcher and medical writer Rosemary Frei documented at the time, the declared COVID crisis meant the paper quickly went from abstract proposal to concrete reality.

> **JAMES CORBETT**: Let's get back to that question about hospital care rationing, which is such an important part of this story. And it's one of those things that when you read it at a surface level at first glance *sounds* reasonable enough, but the more that you look into it I think it becomes more horrifying.
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> And you quote, for example, specifically a March 23rd paper, "Fair Allocation of Scarce Medical Resources in the Time of Covid-19," which was published in the prestigious *New England Journal of Medicine*, which calls for "maximizing the number of patients that survived treatment with a reasonable life expectancy." Which, again, I would say sounds reasonable at first glance. Yes, of course we want to maximize the number of patients that survive. What's wrong with that?
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> So what can you tell us about this paper and the precedent that it's setting here.
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> **ROSEMARY FREI**: Well it's all of a sudden changing the rules in terms of saying, "Well, the most important thing is that it's the older people get a lower place in terms of triaging."
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> And I point out in my article, also, that Canadians have a lot of experience with SARS because we had that—there were a significant number of deaths in Ontario because of it. And there were people from Toronto who had direct experience with SARS—which of course is (ostensibly, at least) a cousin with the novel coronavirus—who wrote triaging guidelines, or at least an ethical framework for how to triage during a pandemic—this was in 2006—they didn't mention age at all. And here we are 14 years later,

> every single set of guidelines, including this really important *New England Journal of Medicine* paper say, "Well, age is an important criterion." And this is what's interesting.
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> So this paper is really important because—and also the Journal of the American Medical Association, which is the official organ, I would say, of the American Medical Association says the same thing: it's age. So they're all stepping in line and then the Canadian Medical Association said, "Oh, we don't have time to put our own guidelines together so we'll just use this one from the *New England Journal of Medicine*." To me, that's astonishing.
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> When I was a medical writer and journalist, I did some work helping various—one particular organization: the Canadian Thoracic Society, which does, you know, chest infections and stuff. I helped them put together guidelines. There's a whole big set of organizations for every single specialty for creating guidelines. Yet, "Oh! We don't have time to put together this—" And also, I mean Canada had a lot of experience with SARS, so we had a lot of this background. Yet, "Oh, we can't do so it!" So they gave totally—they, quote, they said we have to go with the recommendations from the *New England Journal of Medicine*.
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> ***SOURCE:* *How the High Death Rate in Care Homes Was Created on Purpose***

That bioethicists like Emanuel are writing papers that are changing the rules for rationing health care in the midst of a generated crisis should hardly be surprising for someone whose brother infamously remarked that you should never let a good crisis go to waste.

> **RAHM EMANUEL**: You never want a serious crisis to go to waste. And what I mean by that, it's an opportunity to do things you think you could not do before.
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> **SOURCE: Rahm Emanuel on the Opportunities of Crisis**

But from a broader perspective, it is not at all surprising that the concept of "death panels" has been effectively smuggled in through the back door by the bioethicists.

In fact, when you start documenting the history of bioethics, you discover that this is exactly what this field of study is meant to do: Frame the debate about hot button issues so that eugenicist ideals and values can be mainstreamed in society and enacted in law. From abortion to euthanasia, there isn't a debate in the medical field that wasn't preceded by some bioethicist or bioethics institute preparing the public for a massive change in mores, values and laws.

That research into the history of bioethics leads one to the doorstep of the Hastings Center, a nonprofit research center that, according to its website, "was important in establishing the field of bioethics." The founding director of the Hastings Center, Theodosius Dobzhansky, was a chairman of the American Eugenics Society from 1969 to 1975. Meanwhile, Hastings cofounder Daniel Callahan—who has admitted to relying on Rockefeller Population Council and UN Population Fund money in the early days of the center's work—served as a director of the American Eugenics Society (rebranded as The Society for the Study of Social Biology) from 1987 to 1992.

As previous Corbett Report guest Anton Chaitkin has extensively documented, there is a line of historical continuity connecting the promotion of eugenics in America by the Rockefeller family in the early 20th century to the creation of the Hastings Center in the late 20th century. The Center,

Chaitkin points out, was fostered by the Rockefeller-founded Population Council as a front for pushing the eugenics agenda—including abortion, euthanasia and the creation of death panels—under the guise of "bioethics."

> **CHAITKIN**: Eugenics practices that we saw and discussions and preparations for eugenics, which were going on in the United States in the early 1920s and earlier going back to the late 19th century—those discussions were carried over—and the same discussions and preparations in England—were carried over into Nazi Germany. After the war—after World War II—people who had participated in these movements wanted to keep the eugenics idea alive and with the backing of particularly the Rockefeller Foundation—which had backed Nazi eugenics before World War II in Europe—they set up a population control movement that overlapped with the Eugenics Society and with eugenics ideas. And out of that combination of eugenics and population control was born the institutes and programs which are today at the heart of what's called "bioethics," where you decide—so, supposedly decide—ethical questions in a medical practice based on supposedly limited resources.
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> So it's a completely phony and morally disgusting field in general. It's ill-born at the root of it and it's a practice which has never confronted—in the medical community and in the academic community that has this as part of its, you know, its practice—they've never confronted the basis for the existence of this "bioethics."
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> ***SOURCE:*** ***Anton Chaitkin on the Eugenics / Euthanasia Agenda***

The history of bioethics connects the Rockefeller funding behind the first wave of American eugenics, the Rockefeller funding behind the Kaiser Wilhelm Institutes and the Nazi-era German eugenics program, and the Rockefeller funding behind the Population Council, the Hastings Center and other centres for post-war "crypto-eugenics" research. As a result, it is perhaps not surprising to find that many of the most well-known and most controversial bioethicists working today are associated with the Hastings Center.

Take Ezekiel Emanuel himself. In addition to being a senior fellow at the John Podesta-founded Center for American Progress—which was accused in a 2013 expose from *The Nation* of maintaining "a revolving door" with the Obama administration and running a pay-for-play operation for various industry lobbyists—Emanuel is also a Hastings Center fellow. In fact, Emanuel's career as a bioethicist was kickstarted by a November 1996 article in *The Hastings Center Report*, which—after praising Daniel Callahan's attempts to inject a debate about the goals of medicine into the discussion of health care—highlighted a point on which both liberals and communitarians can agree: "services provided to individuals who are irreversibly prevented from being or becoming participating citizens are not basic and should not be guaranteed." For "an obvious example" of this principle in action, Emanuel then cites "not guaranteeing health services to patients with dementia."

Just last year, The Hastings Center hosted an online discussion about "What Values Should Guide Us" when considering COVID-19 pandemic restrictions in the United States, during which Emanuel opined that big tech was not doing enough to share data about users' movements with governments and researchers:

> **EMANUEL**: I have to say I've actually found Big Tech totally unhelpful so far in this. It's hard for me to see that they've done something really, really helpful in this regard when it comes to COVID-19. They have lots of capacity. Believe me: Facebook already

> knows who you interact with on a regular basis; how close you've gotten to them; when you leave your house; which stores you go into. Google does the same. And they have not used this data. Maybe they're afraid that people are going to be all upset, but they haven't even been willing to give it to someone else to use in an effective manner. And I think either they're going to become irrelevant in this process or they're going to have to step up and actually be contributory to solving this problem.
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> ***SOURCE:*** ***Re-Opening the Nation: What Values Should Guide Us?***

Or take Hastings Center fellow and University of Wisconsin-Madison bioethics professor Norman Fost, who, in addition to questioning whether it is "important that organ donors be dead" in the *Kennedy Institute of Ethics Journal*, made the case for involuntary sterilization—the hallmark of the now universally denounced American eugenics program—at a 2013 panel discussion on "Challenging Cases in Clinical Ethics."

> **NORMAN FOST**: On the sterilization thing, if his sexual behavior can be attenuated so that he's not a risk of impregnating anybody that would be the best thing. But I don't think we should rule out sterilization as being in his interest also, as well as potential victims of his sexual assault.
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> I think sterilization has a bad reputation in America because of the eugenic sterilization of a hundred thousand or more people with developmental disabilities, most of them inappropriate. But the overreaction to that . . . and Wisconsin leads the way at overreacting to that. We have a Supreme Court decision that says you can never sterilize a minor until the legislature gives us permission to do it and they never will and that's not in the interest of a lot of kids with developmental disabilities for whom procreation would be a disaster—that is pregnancy or inflicting a pregnancy.
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> So if it's the case that this fella is never going to be capable of being a parent . . . and I can't tell quite that from the limited history here and it may not be the case—but I just want to say that the country's overreaction to sterilization—like it's wrong, it's always terrible to involuntarily sterilized somebody—is not true and it ought to be at least on the table as something that might be in his interest.
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> ***SOURCE:*** ***A Conversation About Challenging Cases in Clinical Ethics***

But these discussions are not limited to the ranks of the Hastings Center.

Take Joseph Fletcher. Dubbed a pioneer in the field of biomedical ethics by both his critics and his apologists, Fletcher was the first professor of medical ethics at the University of Virginia and co-founded the Program in Biology and Society there. In addition to his position as president of the Euthanasia Society of America and his work helping to establish the Planned Parenthood Federation, Fletcher was also a member of the American Eugenics Society. In a 1968 article in defense of killing babies with Down's syndrome "or other kind[s] of idiot[s]," Fletcher wrote:

> "The sanctity (what makes it precious) is not in life itself, intrinsically; it is only extrinsic and *bonum per accident, ex casu* – according to the situation. Compared to some things, the taking of life is a small evil and compared to some things, the loss of life is a small evil. Death is not always an enemy; it can sometimes be a friend and servant."

Or take Peter Singer. If there is any bioethicist in the world today whose name is known to the general public it is Peter Singer, famed for his animal liberation advocacy. Less well known to the public, however, are his arguments in favor of infanticide, including the notion that there is no relevant difference between abortion and the killing of "severely disabled infants," positions which have driven his critics to call him "Son of Fletcher."

Although Singer is extremely careful to frame his argument for infanticide using the least controversial positions when speaking to the public. . . .

> **PETER SINGER**: . . . So we said, "Look, the difficult decision is whether you want this infant to live or not." That should be a decision for the parents and doctors to make on the basis of the fullest possible information about what the condition is. But once you've made that decision it should be permissible to make sure that the baby dies swiftly and humanely, if that's your decision. If your decision is that it's better that the child should not live, it should be possible to ensure that the child dies swiftly and humanely.
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> And so that's what we proposed. Now, that's been picked up by a variety of opponents, both pro-life movement people and people in the militant disability movement—which incidentally didn't really exist at the time we first wrote about this issue. And they've taken us as, you know, the stalking horse—the bogeyman, if you like—because we're up front in saying that we think this is how we should treat these infants.
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> ***SOURCE: The Case for Allowing Euthanasia of Severely Handicapped Infants***

. . . his actual writings contain much bolder assertions that would be sure to shock the sensibilities of the average person if they were plainly stated. In *Practical Ethics*, for example, intended as a text for an introductory ethics course, Singer dispenses with arguments about severe handicaps and birth defects and talks more broadly about whether it is fundamentally immoral to kill a newborn baby, noting that "a newborn baby is not an autonomous being, capable of making choices, and so to kill a newborn baby cannot violate the principle of respect for autonomy."

After conceding that "It would, of course, be difficult to say at what age children begin to see themselves as distinct entities existing over time"—noting that "Even when we talk with two or three year old children it is usually very difficult to elicit any coherent conception of death"—we could provide an "ample safety margin" for such concerns by deciding that "a full legal right to life comes into force not at birth, but only a short time after birth—perhaps a month."

Singer is by no means alone in his profession in discussing this subject. In fact, he's just part of a long line of bioethicists musing about exactly where to draw the line when discussing infanticide.

Take Alberto Giubilini and Francesca Minerva, two bioethicists working in Australia who published a paper titled "After-birth abortion: why should the baby live?" in *The Journal of Medical Ethics* in 2012. In that paper, they explicitly defend the practice of infanticide on moral grounds, claiming that "The moral status of an infant is equivalent to that of a fetus," and thus "the same reasons which justify abortion should also justify the killing of the potential person when it is at the stage of a newborn." Lest they be mistaken for forwarding the same old argument on killing severely handicapped newborn babies that bioethicists have been making for decades, the two are careful to add that their proposal includes "cases where the newborn has the potential to have an (at least) acceptable life, but the well-being of the family is at risk."

Unlike so many other academic papers on this subject, however, this one was picked up and widely circulated in the popular press, with even establishment media outlets like *The Guardian* insisting that "Infanticide is repellent. Feeling that way doesn't make you Glenn Beck."

Seemingly taken aback by the strong negative reaction to a scholarly article about the moral permissibility of killing babies, the authors of the article responded by accusing the general public of being too ignorant to understand the complex arguments made in the highly academic field of bioethics:

> When we decided to write this article about after-birth abortion we had no idea that our paper would raise such a heated debate.
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> "Why not? You should have known!" people keep on repeating everywhere on the web. The answer is very simple: the article was supposed to be read by other fellow bioethicists who were already familiar with this topic and our arguments. Indeed, as Professor Savulescu explains in his editorial, this debate has been going on for 40 years.

Whatever else may be said about the researchers' response, this was not a dishonest defense of their work. Julian Savulescu, the editor of *The Journal of Medical Ethics* that published the article, *did* point out in his own defense of the publication that the scholarly debate about when it is permissible to kill babies goes back to at least the 1960s, when Francis Crick—the co-discoverer of the structure of DNA and an avowed eugenicist who proposed that governments should prevent the poor and undesirable from breeding by requiring government-issued licenses for the privilege of having a baby—proposed that children should only be *allowed* to live if, after birth, they are found to have met certain genetic criteria.

Indeed, the pages of the medical ethics journals are filled with just such debates. From Dan Brock's article on "Voluntary Active Euthanasia," published in The Hastings Center Report in 1992, to John Hardwig's 1997 article in the pages of The Hastings Center Report asking "Is There A Duty to Die?" to Hastings Center Deputy Director Nancy Berlinger's 2008 pronouncement that "Allowing parents to practice conscientious objection by opting out of vaccinating their children is troubling in several ways," these ethics professors toiling in a hitherto unknown and unremarked corner of academia are having a greater and greater effect in steering the policies that literally mean the difference between life and death for people around the world.

In his prescient 1988 article on "The Return of Eugenics," Richard J. Neuhaus observed:

> Thousands of medical ethicists and bioethicists, as they are called, professionally guide the unthinkable on its passage through the debatable on its way to becoming the justifiable until it is finally established as the unexceptionable. Those who pause too long to ponder troubling questions along the way are likely to be told that "the profession has already passed that point." In truth, the profession is usually huffing and puffing to catch up with what is already being done without its moral blessing.

Indeed, bioethicists are not, generally speaking, trained doctors, researchers or medical workers. As academics, they are forced to take the word of doctors and researchers at face value. But which doctors? Whose research? Inevitably, it will be that of the WHO, the AMA and other organizations whose work—as even those within its ranks admit—is not solely dictated by medical need, but by the arbitrary whims of the organizations' billionaire backers.

We are feeling the effects of this now, when these bioethics professors are held up as gurus who can not only provide medical advice, but actually lecture the public on which medical interventions they are morally obligated to undergo regardless of their own feelings about bodily autonomy.

***CLIP (0m35s-1m27s)**

SOURCE: ***Emanuel: Wearing a mask should be as necessary as wearing a seatbelt***

> **JULIAN SAVULESCU**: It's important to recognize that mandatory vaccination would not be anything new. There are many mandatory policies, other coercive policies—taxes are a form of coercion. Seatbelts were originally voluntary and they were made mandatory because they both reduce the risk of death to the wearer by 50% and also to other occupants in the car. But importantly some people *do* die of seat belt injuries, but the benefits vastly outweigh the risks.
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> Some countries in the world already have mandatory vaccination policies. In Australia the "no jab, no pay" policy involves withholding child care benefits if the child isn't vaccinated. In Italy there are fines. And in the US children can't attend school unless they're vaccinated. All of these policies have increased vaccination rates and have been implementable.
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> ***SOURCE:*** ***"Mandatory COVID-19 vaccination: the arguments for and against": Julian Savulescu & Sam Vanderslott***
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> **KERRY BOWMAN**: Some form of vaccination passport is almost inevitable. With travel it's virtually a given. And you look at countries like Israel is now introducing the green card. And all this is going on the assumption that people that have been vaccinated are not going to be able to spread the viruses easily, meaning they can't transmit it and it's kind of looking like my read on the science is it's looking like that is the case with most of the vaccines. So that would be the question.
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> Now some people say we absolutely can't do it, like, it's just not fair in a democratic society because there's people that refuse—don't want vaccines—and there's people that can't have vaccines. But here's the other side of the argument: Is it really fair to the Canadians that have been locked down for a year when they are vaccinated—they're no longer a risk to other people—is it really fair to continue to limit their freedom?
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> So you've kind of got those two sides of it colliding.
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> ***SOURCE:*** ***'Vaccination passports' a near certainty says bio-ethicist | COVID-19 in Canada***

From its inception, the field of bioethics has taken its moral cue from the card-carrying eugenicists who founded its core institutions. For these academicians of the eugenics philosophy, the key moral questions raised by modern medical advances are always utilitarian in nature: What is the value that forced vaccination or compulsory sterilization brings to a community? Will putting lithium in the water supply lead to a happier society? Does a family's relief at killing their newborn baby outweigh that baby's momentary discomfort as it is murdered?

Implicit in this line of thinking are all of the embedded assumptions about what defines "value" and "happiness" and "relief" and how these abstract ideas are measured and compared. The fundamental

utilitarian assumption that the individual's worth can or should be measured against some arbitrarily defined collective good, meanwhile, is rarely (if ever) considered.

The average person, however—largely unaware that these types of questions are even being asked (let alone answered) by bioethics professors in obscure academic journals—may literally perish for their lack of knowledge about these discussions.

All things being equal, these types of ideas would likely be treated as they always have been: as a meaningless parlor game played by ivory tower academics with no power to enforce their crazy ideas. All things, however, are not equal.

Perhaps taking a page from the notebook of his brother, Rahm, about the utility of crisis in effecting societal change, Ezekiel Emanuel declared in 2011 that "we will get health-care reform only when there is a war, a depression or some other major civil unrest." He didn't add "pandemic" to that list of excuses, but he didn't have to. As the events of the past year have borne out, the public are more than willing to consider the previously unthinkable now that they have been told that there is a crisis taking place.

Forced vaccination. Immunity passports. The erection of a biosecurity state. For the first time, the eugenics-infused philosophers of bioethics are on the verge of gaining *real* power. And the public is still largely unaware of the discussions that these academics have been engaged in for decades.

At the very least, Bill Gates can relax now: We can finally have the discussion on death panels.